

A		MM DD YYYY									<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic
17100 FDID * MA State * 02 13 Incident Date * 7 Station 19-0001412 Incident Number * 000 Exposure *													

B Location* <input type="checkbox"/> Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.												
<input checked="" type="checkbox"/> Street address 1710 WINDSOR DR Intersection In front of Rear of Adjacent to Directions Cross street or directions, as applicable												
Number/Milepost Prefix Street or Highway - FRAMINGHAM State Zip Code MA 01701												

C Incident Type * 111 Building fire Incident Type				E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm * 02 13 2019 13:59:58 ARRIVAL required, unless canceled or did not arrive Arrival * 02 13 2019 14:07:51 CONTROLLED Optional, Except for wildland fires Controlled LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared 02 13 2019 19:25:26				E2 Shift & Alarms Local Option 3 02 Shift or Alarms District Platoon			
D Aid Given or Received* 1 <input checked="" type="checkbox"/> Mutual aid received 17014 MA 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None								E3 Special Studies Local Option Special Study ID# Special Study Value			

F Actions Taken * 11 Extinguishment by fire Primary Action Taken (1) 52 Forcible entry Additional Action Taken (2) 58 Operate apparatus or Additional Action Taken (3)				G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0014 0031 EMS 0006 Other <input type="checkbox"/> Check box if resource counts include aid received resources.				G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. Property \$ 200,000 Contents \$ 100,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000			
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Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input checked="" type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
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J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse	
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 429 Multifamily dwelling	

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Local Option Business name (if applicable) Area Code Phone Number

☒ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Hilary MI Hawn Last Name Suffix

Number 1710 Prefix WINDSOR Street or Highway DR Street Type Suffix

Post Office Box - Apt./Suite/Room FRAMINGHAM City

State MA Zip Code 01701 -

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip The rest of this section.

Local Option Business name (if Applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Richard MI Hawn Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

L Remarks

Local Option

Multiple 911 calls for fire at Windsor Green condominium complex. Single alarm dispatched, E-7, E-1, L-3, R-1, C-2, C-3, C-4 responded. E-7, upon leaving quarters, witnessed heavy smoke in the area, requested rapid intervention team (E-5). On arrival, E-7 assumed command and reported working fire. Due to large volume of fire, Command ordered a second alarm, (E-2, E-3, T-1). C-3 arrived on scene, assumed Command, and directed suppression and overhaul efforts until fire declared under control. Investigation of origin and cause began simultaneously as suppression efforts. Fire Investigative Team, began interviews of occupants and witnesses. After overhaul was complete, Investigators requested MA State Police Investigators (see investigation report for findings). At conclusion of investigation, building turned over to management company. FFD maintained a fire watch until 0600hrs on 2/14/19.

02/18/2019 16:22:32 Michael Dutcher

Engine 7:

Heavy smoke showing from Nobscot Square, radio report police on scene, fire in a shed at the rear. Assumed command and ordered working fire + RIT Engine. Parked on a Hydrant, stretched 300' line to rear alley way of 1709 & 1710 and began extinguishing shed before being able to pass by due to radiant heat. Attempted to keep fire out of eaves, and found 1710 heavily involved with fire on both floors, ordered 2nd Alarm. IC preceded to A side, and with R1 forced 1710's door which had partially burned through, and 1709 where R1 advanced 2" line. Front kitchen window had also self vented. Primary search 1711 clear. Additional company's arrived and advanced a hand line from the rear to floor 2 of 1710 (E3), 3rd line to 2nd

L Authorization

155244 MAGRI, STEVEN E DC10 02 18 2019

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if ☐ 175117 DUTCHER, MICHAEL D AC 02 18 2019

same as Officer Member making report ID Signature Position or rank Assignment Month Day Year

in charge.

17100 FDID *	MA State *	MM DD 2 13 Incident Date *	YYYY 2019	7 Station	19-0001412 Incident Number *	000 Exposure *	Complete Narrative
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Narrative:

Multiple 911 calls for fire at Windsor Green condominium complex. Single alarm dispatched, E-7, E-1, L-3, R-1, C-2, C-3, C-4 responded. E-7, upon leaving quarters, witnessed heavy smoke in the area, requested rapid intervention team (E-5). On arrival, E-7 assumed command and reported working fire. Due to large volume of fire, Command ordered a second alarm, (E-2, E-3, T-1). C-3 arrived on scene, assumed Command, and directed suppression and overhaul efforts until fire declared under control. Investigation of origin and cause began simultaneously as suppression efforts. Fire Investigative Team, began interviews of occupants and witnesses. After overhaul was complete, Investigators requested MA State Police Investigators (see investigation report for findings). At conclusion of investigation, building turned over to management company. FFD maintained a fire watch until 0600hrs on 2/14/19.

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02/13/2019 21:00:23 Bradford Smith

Engine 1:

On arrival E1 crew dressed the hydrant. E1 crew then stretched a second line from E7 and advanced line to the second floor and extinguished 2 fully involved rooms. E1 crew then overhauled and wet down hot spots.

02/13/2019 20:32:02 Felix Torres

Ladder 3:

On arrival, L3 raised a 28 foot ground ladder to the roof. While cutting the vent whole the roof started self venting. We exited the roof and assisted E-1 with salvage and overhaul. Worked under the command chief Dutcher, Deputy chief Schultz and Deputy chief Magri.

02/13/2019 20:17:08 Wesley Davies

Rescue 1:

On scene R1 reported to command and began primary search of fire apartment and surrounding apartments. R1 then assisted E5 with stretching a line of 200 feet two and a half inch connected to 200 feet of two inch to fire apartment second floor. R1 then conducted a secondary search of surrounding apartment with thermal imager also checking for extension. R1 then assisted with overhaul and began checking apartments for CO and HCN using Multi-gas meters. R1 used PPV in apartments until no levels were found.

02/13/2019 20:54:40 Joseph Ahearn

FDID	17100	State	MA	Incident	MM	DD	YYYY	Station	7	Incident Number	19-0001412	Exposure	000	Complete Narrative
	*		*	Date	2	13	2019			*	*		*	

Narrative:

Engine 2:

E-2 initial response from HQ (Training) as RIT. On arrival deployed and staged for RIT at scene. Crew then ordered to advance a line to 2nd floor attic area and extinguish heavy fire in common attic space. Crew then changed out bottles and stood by until released by IC.

02/13/2019 19:36:33 John Degiacomo

Engine 5:

Upon arrival, E5 stretched a 3rd attack line and was assigned to fire suppression on 2nd floor. Then assisted with overhaul in fire apartment, and salvage in adjoining apartments. Assisted R1 with metering and venting apartments.

02/13/2019 20:38:31 erokes

Engine 3:

Upon arrival E3 was assigned to stretch a backup line from E7. E3 stretched 400 feet of 2 inch to the adjacent Apt. E3 assisted E1 with salvage and overhaul .

02/13/2019 20:23:41 John Marston

Tower 1:

Upon arrival T1 positioned behind E7 near the B-C Corner of the 1700 building, and set up the truck for aerial operations. T1 worked with L3 to deploy ground ladders and ventilate the roof.

A FDID <u>17100</u> * State <u>MA</u> * Incident Date <u>02</u> <u>13</u> <u>2019</u> * Station <u>7</u> Incident Number <u>19-0001412</u> * Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -2 Fire	
B Property Details B1 <u>0012</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <u> </u> <input type="checkbox"/> None <i>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</i>			C On-Site Materials <input type="checkbox"/> None <i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</i> or Products Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u> </u> <u> </u> On-site material (1) <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> On-site material (3) </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>		
D Ignition D1 <u>14</u> <u>Common room, den,</u> <i>Area of fire origin *</i> D2 <u>UU</u> <u>Undetermined</u> <i>Heat source *</i> D3 <u>UU</u> <u>Undetermined</u> <i>Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin</i> D4 <u>UU</u> <u>Undetermined</u> <i>Type of material first ignited Required only if item first ignited code is 00 or <70</i>		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> <u> </u> <u> </u> <i>Factor Contributing To Ignition (2)</i>		E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <i>Estimated age of person involved</i> <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> <i>Equipment Involved</i> Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>		F2 Equipment Power <u> </u> <u> </u> <i>Equipment Power Source</i> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> <i>Fire suppression factor (1)</i> <u> </u> <u> </u> <i>Fire suppression factor (2)</i> <u> </u> <u> </u> <i>Fire suppression factor (3)</i>	
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		H2 Mobile Property Type & Make <u> </u> <u> </u> <i>Mobile property type</i> <u> </u> <u> </u> <i>Mobile property make</i> <u> </u> <u> </u> <i>Mobile property model</i> <u> </u> <u> </u> <i>Year</i> <u> </u> <u> </u> <u> </u> <i>License Plate Number State VIN Number</i>		Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	

NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">000</div> <small>Total square feet</small> <div style="text-align: center; font-weight: bold; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div> <small>Length in feet</small></div> <div>BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">035</div> <small>Width in feet</small></div> </div>
J1 Fire Origin * <div style="display: flex; justify-content: space-between; align-items: center;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Story of fire origin</div> <div><input type="checkbox"/> Below Grade</div> </div>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="display: flex; justify-content: space-between; align-items: center;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> Number of stories w/ minor damage <small>(1 to 24% flame damage)</small></div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage <small>(25 to 49% flame damage)</small></div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage <small>(50 to 74% flame damage)</small></div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ extreme damage <small>(75 to 100% flame damage)</small></div> </div>		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">UU</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Undetermined</div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined		
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated <small>(Complete Section L5)</small> 3 <input type="checkbox"/> Failed to Operate <small>(Complete Section L6)</small> U <input checked="" type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of sprinkler heads operating</small>	

A		<div style="display: flex; justify-content: space-between;"> <div>FDID 17100 *</div> <div>State MA *</div> <div>Incident Date MM DD YYYY 2 13 2019 *</div> <div>Station 7</div> <div>Incident Number 19-0001412 *</div> <div>Exposure 000 *</div> <div> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> </div>										NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource		Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken			
		<small>Check if same as alarm date</small> <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Hour Min</div> </div>											
1 ID A2 Type 76		Dispatch	<input type="checkbox"/>	2	13	2019	14:05	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:16						
		Clear	<input type="checkbox"/>	2	13	2019	16:51						
2 ID A4 Type 76		Dispatch	<input type="checkbox"/>	2	13	2019	14:05	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:16						
		Clear	<input type="checkbox"/>	2	13	2019	16:42						
3 ID C2 Type 92		Dispatch	<input type="checkbox"/>	2	13	2019	14:00	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:12						
		Clear	<input type="checkbox"/>	2	13	2019	17:53						
4 ID C3 Type 92		Dispatch	<input checked="" type="checkbox"/>	2	13	2019	13:59	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>81</div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:07						
		Clear	<input type="checkbox"/>	2	13	2019	19:25						
5 ID C4 Type 92		Dispatch	<input type="checkbox"/>	2	13	2019	14:39	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>10</div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:39						
		Clear	<input type="checkbox"/>	2	13	2019	19:25						
6 ID E1 Type 11		Dispatch	<input type="checkbox"/>	2	13	2019	14:00	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>12</div> <div>10</div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:09						
		Clear	<input type="checkbox"/>	2	13	2019	17:12						
7 ID E1A Type 11		Dispatch	<input type="checkbox"/>	2	13	2019	14:18	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>74</div> <div>91</div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:18						
		Clear	<input type="checkbox"/>	2	13	2019	14:26						
8 ID E1N Type 11		Dispatch	<input type="checkbox"/>	2	13	2019	14:18	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>74</div> <div>91</div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:18						
		Clear	<input type="checkbox"/>	2	13	2019	14:26						
9 ID E2 Type 11		Dispatch	<input type="checkbox"/>	2	13	2019	14:04	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div>11</div> <div></div> </div>		
		Arrival	<input type="checkbox"/>	2	13	2019	14:13						
		Clear	<input type="checkbox"/>	2	13	2019	15:57						

A		MM DD YYYY <div style="display: flex; justify-content: space-between;"> FDID 17100 * State MA * Incident Date 2 13 2019 * Station 7 Incident Number 19-0001412 * Exposure 000 * <div style="text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> </div>										NFIRS - 9 Apparatus or Resources	
B		Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken		
1		ID E3 Type 11		Dispatch <input type="checkbox"/> 2 13 2019 14:13 Arrival <input type="checkbox"/> 2 13 2019 14:20 Clear <input type="checkbox"/> 2 13 2019 17:13	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	12 					
2		ID E5 Type 11		Dispatch <input type="checkbox"/> 2 13 2019 14:10 Arrival <input type="checkbox"/> 2 13 2019 14:18 Clear <input type="checkbox"/> 2 13 2019 17:10	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11 12 					
3		ID E7 Type 11		Dispatch <input type="checkbox"/> 2 13 2019 14:00 Arrival <input type="checkbox"/> 2 13 2019 14:07 Clear <input type="checkbox"/> 2 13 2019 17:15	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	81 					
4		ID FP1 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 17:22 Arrival <input type="checkbox"/> 2 13 2019 17:22 Clear <input type="checkbox"/> 2 13 2019 19:25	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	 					
5		ID FP3 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 14:11 Arrival <input type="checkbox"/> 2 13 2019 14:11 Clear <input type="checkbox"/> 2 13 2019 19:25	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	 					
6		ID FP4 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 17:21 Arrival <input type="checkbox"/> 2 13 2019 17:21 Clear <input type="checkbox"/> 2 13 2019 19:25	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	 					
7		ID L3 Type 12		Dispatch <input type="checkbox"/> 2 13 2019 14:00 Arrival <input type="checkbox"/> 2 13 2019 14:09 Clear <input type="checkbox"/> 2 13 2019 16:58	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	51 12 					
8		ID R1 Type 71		Dispatch <input type="checkbox"/> 2 13 2019 14:00 Arrival <input type="checkbox"/> 2 13 2019 14:10 Clear <input type="checkbox"/> 2 13 2019 17:29	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	21 52 11 12					
9		ID SSE1 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 14:18 Arrival <input type="checkbox"/> 2 13 2019 14:18 Clear <input type="checkbox"/> 2 13 2019 14:26	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	74 91 					

A		FDID		State		Incident Date		Station		Incident Number		Exposure		NFIRS - 9 Apparatus or Resources	
		17100	MA	2	13	2019	7	19-0001412	000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change				
B		Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>				Sent		Number of * People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken	
				Month Day Year Hour Min											
1	ID	SUE1	Dispatch	<input type="checkbox"/>	2	13	2019	14:18	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression	74	91		
	Type	00	Arrival	<input type="checkbox"/>	2	13	2019	14:19	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>	2	13	2019	14:26			<input type="checkbox"/> Other				
2	ID	T1	Dispatch	<input checked="" type="checkbox"/>	2	13	2019	13:59	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	51	12		
	Type	12	Arrival	<input type="checkbox"/>	2	13	2019	14:07			<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>	2	13	2019	19:25			<input type="checkbox"/> Other				
3	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
4	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
5	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
6	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
7	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
8	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				
9	ID		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression				
	Type		Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS				
			Clear	<input type="checkbox"/>							<input type="checkbox"/> Other				

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A		MM DD YYYY		FDID		State		Incident Date		Station		Incident Number		Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		17100		MA		2 13		2019		7		19-0001412		000					

B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>				Sent	Number of People	Use	Actions Taken	
		Month	Day	Year	Hours/mins	<input type="checkbox"/>	*	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<small>List up to 4 actions for each apparatus and each personnel.</small> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>	

1	ID A2	Dispatch	2	13	2019	14:05	Sent	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>
	Type 76	Arrival	2	13	2019	14:16	<input checked="" type="checkbox"/>			
		Clear	2	13	2019	16:40				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID A4	Dispatch	2	13	2019	14:05	Sent	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>
	Type 76	Arrival	2	13	2019	14:16	<input checked="" type="checkbox"/>			
		Clear	2	13	2019	16:40				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				

3	ID C2	Dispatch	2	13	2019	14:00	Sent	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>
	Type 92	Arrival	2	13	2019	14:12	<input checked="" type="checkbox"/>			
		Clear	2	13	2019	17:53				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			<input checked="" type="checkbox"/>				

A		MM DD YYYY											NFIRS - 10 Personnel	
FDID * 17100		State * MA	Incident Date * 2 13 2019		Station 7		Incident Number * 19-0001412		Exposure * 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change			

B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID C3	Dispatch <input checked="" type="checkbox"/>	2	13	2019	13:59	Sent <input checked="" type="checkbox"/>	1	81	
	Type 92	Arrival <input type="checkbox"/>	2	13	2019	14:07	<input checked="" type="checkbox"/>			
		Clear <input type="checkbox"/>	2	13	2019	19:25				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
175117	DUTCHER, MICHAEL	AC	X				

2	ID C4	Dispatch <input type="checkbox"/>	2	13	2019	14:39	Sent <input checked="" type="checkbox"/>	1	10	
	Type 92	Arrival <input type="checkbox"/>	2	13	2019	14:39	<input checked="" type="checkbox"/>			
		Clear <input type="checkbox"/>	2	13	2019	19:25				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
181850	SCHULTZ, JOHN	DC6	X				

3	ID E1	Dispatch <input type="checkbox"/>	2	13	2019	14:00	Sent <input checked="" type="checkbox"/>	4	12	10
	Type 11	Arrival <input type="checkbox"/>	2	13	2019	14:09	<input checked="" type="checkbox"/>			
		Clear <input type="checkbox"/>	2	13	2019	16:22				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
175069	MARTINS, ALBERTO	FF1-06	X				
190037	TORRES, FELIX	FF3C-09	X				
2068	FRANCO, RAFAEL	FF1-04	X				
2552	MANCINI, ALAN	PR	X				

A		FDID 17100 *		State MA *		Incident Date 2 13 2019 *		Station 7		Incident Number 19-0001412 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	

B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>		
		Month	Day	Year	Hours/mins						
1	ID E1A Type 11	Dispatch <input type="checkbox"/>	2	13	2019	14:18	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	74	91
		Arrival <input type="checkbox"/>	2	13	2019	14:18					
		Clear <input type="checkbox"/>	2	13	2019	14:19					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID E1N Type 11	Dispatch <input type="checkbox"/>	2	13	2019	14:18	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	74	91
		Arrival <input type="checkbox"/>	2	13	2019	14:18					
		Clear <input type="checkbox"/>	2	13	2019	14:18					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

3	ID E2 Type 11	Dispatch <input type="checkbox"/>	2	13	2019	14:04	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	11	
		Arrival <input type="checkbox"/>	2	13	2019	14:13					
		Clear <input type="checkbox"/>	2	13	2019	15:48					

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1059	GIARDINA, LINDSAY	FF1-05	X				
125530	DEGIACOMO, JOHN	FF2C-07	X				
175496	KIRLEY, PATRICK	FF1-05	X				
1878	PEREIRA, CORY	FF1-04	X				

A		FDID <u>17100</u> *		State <u>MA</u> *		Incident Date <u>2</u> <u>13</u> <u>2019</u> *		Station <u>7</u>		Incident Number <u>19-0001412</u> *		Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times Check if same as alarm date Month Day Year Hours/mins						Sent <input checked="" type="checkbox"/>		Number of * People <u>4</u>		Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken List up to 4 actions for each apparatus and each personnel. <u>12</u> <u> </u> <u> </u> <u> </u>			
Use codes listed below 1 ID <u>E3</u> Type <u>11</u>		Dispatch <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:13</u> Arrival <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:20</u> Clear <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>16:29</u>						Sent <input checked="" type="checkbox"/>		<u>4</u>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<u>12</u> <u> </u> <u> </u> <u> </u>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
1157		MCDONALD, TIMOTHY				PR		X									
1353		WILLIAMS, DWAIN				FF1-04		X									
688		MADDEN, JAMES				FF1-04		X									
957729		MARSTON, JOHN				FF2C-07		X									
2 ID <u>E5</u> Type <u>11</u>		Dispatch <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:10</u> Arrival <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:18</u> Clear <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>16:54</u>						Sent <input checked="" type="checkbox"/>		<u>4</u>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<u>11</u> <u>12</u> <u> </u> <u> </u>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
1606		ROKES, EDWARD				FF2A-04		X									
1875		CASHMAN, KEITH				FF1-04		X									
2066		MEDINA, OTHONIEL				FF1-04		X									
2877		CUPERTINO, EDGAR				PR		X									
3 ID <u>E7</u> Type <u>11</u>		Dispatch <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:00</u> Arrival <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>14:07</u> Clear <input type="checkbox"/> <u>2</u> <u>13</u> <u>2019</u> <u>17:12</u>						Sent <input checked="" type="checkbox"/>		<u>4</u>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<u>81</u> <u> </u> <u> </u> <u> </u>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
142968		HARDING, PAUL				FF1-06		X									
175723		YOUNG, SCOTT				FF1-05		X									
184236		SMITH, BRADFORD				FF3C-09		X									
282		NEIBERGER, JOSEPH				FF1-05		X									

A		FDID 17100 *		State MA *		Incident Date MM DD YYYY 2 13 2019 *		Station 7		Incident Number 19-0001412 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times Check if same as alarm date Month Day Year Hours/mins						Sent <input checked="" type="checkbox"/>		Number of * People 0		Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken List up to 4 actions for each apparatus and each personnel.			
																Use codes listed below	
1 ID FP1 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 17:22 Arrival <input type="checkbox"/> 2 13 2019 17:22 Clear <input type="checkbox"/> 2 13 2019 19:25						Sent <input checked="" type="checkbox"/>		0		<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		<input type="text"/> <input type="text"/>			
		Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
2 ID FP3 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 14:11 Arrival <input type="checkbox"/> 2 13 2019 14:11 Clear <input type="checkbox"/> 2 13 2019 19:25						Sent <input checked="" type="checkbox"/>		0		<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		<input type="text"/> <input type="text"/>			
		Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
3 ID FP4 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 17:21 Arrival <input type="checkbox"/> 2 13 2019 17:21 Clear <input type="checkbox"/> 2 13 2019 19:25						Sent <input checked="" type="checkbox"/>		0		<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		<input type="text"/> <input type="text"/>			
		Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	

A		MM DD YYYY										NFIRS - 10 Personnel	
FDID * 17100		State * MA		Incident Date * 2 13 2019		Station 7		Incident Number * 19-0001412		Exposure * 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change	

B Apparatus or Resource *		Date and Times		Sent		Number of * People		Use		Actions Taken	
Use codes listed below		Check if same as alarm date		<input checked="" type="checkbox"/>				Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month Day Year Hours/mins									

1 ID L3		Dispatch <input type="checkbox"/> 2 13 2019 14:00		Sent <input checked="" type="checkbox"/>		3		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		51 12	
Type 12		Arrival <input type="checkbox"/> 2 13 2019 14:09		<input checked="" type="checkbox"/>							
		Clear <input type="checkbox"/> 2 13 2019 16:41									

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1079	BIANCHI, MICHAEL	FF1-04	X				
124995	DAVIES, WESLEY	FF2C-09	X				
175033	DOMINGUEZ, ALBERT	FF1-06	X				

2 ID R1		Dispatch <input type="checkbox"/> 2 13 2019 14:00		Sent <input checked="" type="checkbox"/>		3		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		21 52	
Type 71		Arrival <input type="checkbox"/> 2 13 2019 14:10		<input checked="" type="checkbox"/>						11 12	
		Clear <input type="checkbox"/> 2 13 2019 17:14									

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1876	LIMA, THEODORE	FF1-04	X				
241	AHEARN, JOSEPH	FF2C-05	X				
882	BURNES, MICHAEL	FF1-04	X				

3 ID SSE1		Dispatch <input type="checkbox"/> 2 13 2019 14:18		Sent <input checked="" type="checkbox"/>		0		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		74 91	
Type 00		Arrival <input type="checkbox"/> 2 13 2019 14:18		<input checked="" type="checkbox"/>							
		Clear <input type="checkbox"/> 2 13 2019 14:19									

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

A		FDID 17100 *		State MA *		Incident Date 2 13 2019 *		Station 7		Incident Number 19-0001412 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times Check if same as alarm date Month Day Year Hours/mins								Sent <input checked="" type="checkbox"/>		Number of People of * People		Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken List up to 4 actions for each apparatus and each personnel. 74 91	
1 ID SUE1 Type 00		Dispatch <input type="checkbox"/> 2 13 2019 14:18 Arrival <input type="checkbox"/> 2 13 2019 14:19 Clear <input type="checkbox"/> 2 13 2019 14:19		Sent <input checked="" type="checkbox"/>		0		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		74 91							
Personnel ID		Name		Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken			
						<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
2 ID T1 Type 12		Dispatch <input checked="" type="checkbox"/> 2 13 2019 13:59 Arrival <input type="checkbox"/> 2 13 2019 14:07 Clear <input type="checkbox"/> 2 13 2019 19:25		Sent <input checked="" type="checkbox"/>		3		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		51 12							
Personnel ID		Name		Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken			
1467 175726 547		DUBOVSKY, BRIAN SEARIAC, STEPHEN BOYLAN, CHAD		FF1-05 FF1-05 FF2C-05		X X X											
3 ID Type 		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 		Sent <input type="checkbox"/> 		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		 									
Personnel ID		Name		Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken			
						<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											

17100 FDID	MA State	2 Incident	13 Date	2019	7 Station	19-0001412 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
A2 AMR Ambulance 2	14:05:35	14:05:45	14:16:08	16:40:10

Staff ID\Staff Name	Activity	Rank	Position	Role
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A4 AMR Ambulance 4	14:05:22	14:05:44	14:16:11	16:40:12
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Staff ID\Staff Name	Activity	Rank	Position	Role
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C2 FFD Car 2 Deputy Chief	14:00:37	14:02:17	14:12:25	17:53:36
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Staff ID\Staff Name	Activity	Rank	Position	Role
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C3 FFD Car 3 Assist Chief car	13:59:58	13:59:58	14:07:51	19:25:26
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Staff ID\Staff Name	Activity	Rank	Position	Role
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175117 DUTCHER, MICHAEL D Incident Respons Assistant C

Unit Narrative

On arrival assumed command and directed all supression efforts, including overhaul.

02/16/2019 15:59:29 Michael Dutcher

C4 Fire training Vehicle	14:39:37	14:39:40	14:39:44	19:25:26
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Staff ID\Staff Name	Activity	Rank	Position	Role
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181850 SCHULTZ, JOHN X Incident Respons Deputy Chie

Unit Narrative

C4 responded from training class at HQ. Based on access issues and request from E7, C4 accessed WF via 11 Edmands rd. complex to establish possible Division that could be for aerial access. C4 checked in with Command (C3) on Alpha side of building for orders. C4 assigned to work interior with crews overseeing operations until fire was called under control. C4 monitored interior crews and condition of structure during incident and based on situation requested PAR through command/FA. C4 stayed on scene assisting until relieved by Fire Watch members in E4.

02/16/2019 13:53:46 John Schultz

17100

FDID

MA

State

2

Incident Date

13

2019

7

Station

19-0001412

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1 FFD Engine 1	14:00:37	14:03:06	14:09:30	16:22:59

Staff ID\Staff Name	Activity	Rank	Position	Role
175069 MARTINS, ALBERTO	Incident Respons	Firefighter		
190037 TORRES, FELIX	Incident Respons	Captain 3+		
2068 FRANCO, RAFAEL L	Incident Respons	FFD Firefig		
2552 MANCINI, ALAN J	Incident Respons	Probationar		

Unit Narrative

On arrival E1 crew dressed the hydrant. E1 crew then stretched a second line from E7 and advanced line to the second floor and extinguished 2 fully involved rooms. E1 crew then overhauled and wet down hot spots.
02/13/2019 20:32:02 Felix Torres

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1A Ashland Engine 1	14:18:35	14:18:54	14:18:55	14:19:05

Staff ID\Staff Name	Activity	Rank	Position	Role

Unit Narrative

Covered Station 3 and assisted with Inc. #'s1901415 and #1901416.

02/13/2019 22:57:09 Steve Magri

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E1N Natick Engine	14:18:05	14:18:50	14:18:51	14:18:52

Staff ID\Staff Name	Activity	Rank	Position	Role

Unit Narrative

Covered station 5 and assisted with Inc. #1901414.

02/13/2019 22:55:31 Steve Magri

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E2 FFD Engine 2	14:04:51	14:04:54	14:13:51	15:48:34

Staff ID\Staff Name	Activity	Rank	Position	Role
1059 GIARDINA, LINDSAY	Incident Respons	Firefighter		
125530 DEGIACOMO, JOHN A	Incident Respons	Lieutenant		
175496 KIRLEY, PATRICK W	Incident Respons	Firefighter		
1878 PEREIRA, CORY D	Incident Respons	FFD Firefig		

Unit Narrative

E-2 initial response from HQ (Training) as RIT. On arrival deployed and staged for RIT at scene. Crew then ordered to advance a line to 2nd floor attic area and extinguish heavy fire in common attic space. Crew then changed out bottles and stood by until released by IC.
02/13/2019 19:36:33 John Degiacomo

17100

FDID

MA

State

2

Incident Date

13

2019

7

Station

19-0001412

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 FFD Engine 3	14:13:32	14:13:39	14:20:31	16:29:34

Staff ID\Staff Name	Activity	Rank	Position	Role
1157 MCDONALD, TIMOTHY J	Incident Respons	Probationar		
1353 WILLIAMS, DWAIN B	Incident Respons	FFD Firefig		
688 MADDEN, JAMES C	Incident Respons	FFD Firefig		
957729 MARSTON, JOHN C	Incident Respons	Lieutenant		

Unit Narrative

Upon arrival E3 was assigned to stretch a backup line from E7. E3 stretched 400 feet of 2 inch to the adjacent Apt. E3 assisted E1 with salvage and overhaul .
02/13/2019 20:23:41 John Marston

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E5 FFD Engine 5	14:10:11	14:10:13	14:18:07	16:54:05

Staff ID\Staff Name	Activity	Rank	Position	Role
1606 ROKES, EDWARD O	Incident Respons	Lieutenant		
1875 CASHMAN, KEITH	Incident Respons	FFD Firefig		
2066 MEDINA, OTHONIEL	Incident Respons	FFD Firefig		
2877 CUPERTINO, EDGAR	Incident Respons	Probationar		

Unit Narrative

Upon arrival, E5 stretched a 3rd attack line and was assigned to fire suppression on 2nd floor. Then assisted with overhaul in fire apartment, and salvage in adjoining apartments. Assisted R1 with metering and venting apartments.

02/13/2019 20:38:31 erokes

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E7 FFD Engine 7	14:00:37	14:02:23	14:07:51	17:12:46

Staff ID\Staff Name	Activity	Rank	Position	Role
142968 HARDING, PAUL E	Incident Respons	Firefighter		
175723 YOUNG, SCOTT R	Incident Respons	Firefighter		
184236 SMITH, BRADFORD S	Incident Respons	Captain 3+		
282 NEIBERGER, JOSEPH ETHAN	Incident Respons	Firefighter		

Unit Narrative

Heavy smoke showing from Nobscot Square, radio report police on scene, fire in a shed at the rear. Assumed command and ordered working fire + RIT Engine. Parked on a Hydrant, stretched 300' line to rear alley way of 1709 & 1710 and began extinguishing shed before being able to pass by due to radiant heat. Attempted to keep fire out of eaves, and found 1710 heavily involved with fire on both floors, ordered 2nd Alarm. IC preceded to A side, and with R1 forced 1710's door which had partially burned through, and 1709 where R1 advanced 2" line. Front kitchen window had also self vented. Primary search 1711 clear. Additional company's arrived and advanced a hand line from the rear to floor 2 of 1710 (E3), 3rd line to 2nd floor of 1709 (R1), and 4th line to 1708. C3 assumed command and we continued to extinguish fire via C side. Rehabbed, packed up E8 which was used for the fire, and returned in E9.

02/13/2019 21:00:23 Bradford Smith

17100 FDID	MA State	2 Incident	13 Date	2019	7 Station	19-0001412 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
FP1 FFD Fire Marshal	17:22:50	17:22:53	17:22:55	19:25:26

Staff ID\Staff Name	Activity	Rank	Position	Role
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FP3 FFD Fire Prevention 3	14:11:33	14:11:35	14:11:37	19:25:26
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Staff ID\Staff Name	Activity	Rank	Position	Role
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FP4 FFD Fire Prevention4	17:21:47	17:21:50	17:21:53	19:25:26
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Staff ID\Staff Name	Activity	Rank	Position	Role
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L3 FFD Ladder 3	14:00:37	14:03:38	14:09:26	16:41:27
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Staff ID\Staff Name	Activity	Rank	Position	Role
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1079	BIANCHI, MICHAEL A	Incident Respons	FFD Firefig
124995	DAVIES, WESLEY B	Incident Respons	Lieutenant
175033	DOMINGUEZ, ALBERT	Incident Respons	Firefighter

Unit Narrative

On arrival, L3 raised a 28 foot ground ladder to the roof. While cutting the vent whole the roof started self venting. We exited the roof and assisted E-1 with salvage and overhaul. Worked under the command chief Dutcher, Deputy chief Schultz and Deputy chief Magri.

02/13/2019 20:17:08 Wesley Davies

R1 FFD Rescue 1	14:00:37	14:02:46	14:10:45	17:14:44
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Staff ID\Staff Name	Activity	Rank	Position	Role
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1876	LIMA, THEODORE K	Incident Respons	FFD Firefig
241	AHEARN, JOSEPH A	Incident Respons	Lieutenant
882	BURNES, MICHAEL D	Incident Respons	FFD Firefig

Unit Narrative

On scene R1 reported to command and began primary search of fire apartment and surrounding apartments. R1 then assisted E5 with stretching a line of 200 feet two and a half inch connected to 200 feet of two inch to fire apartment second floor. R1 then conducted a secondary search of surrounding appartment with thermal imager also checking for extension. R1 then assisted with overhaul and began checking apartments for CO and HCN using Multi-gas meters. R1 used PPV in apartments until no levels were found.

02/13/2019 20:54:40 Joseph Ahearn

17100 FDID	MA State	2 Incident	13 Date	2019	7 Station	19-0001412 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
SSE1 Sherborn Engine 1	14:18:45	14:18:58	14:18:59	14:19:09

Staff ID\Staff Name	Activity	Rank	Position	Role
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Unit Narrative

Responded to Inc. #1901415 and was cancelled by E1A.

02/13/2019 22:58:32 Steve Magri

SUE1 Sudbury Engine 1	14:18:48	14:18:56	14:19:01	14:19:02
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Staff ID\Staff Name	Activity	Rank	Position	Role
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Unit Narrative

Covered Station 7.

02/13/2019 22:59:41 Steve Magri

T1 FFD Tower 1	13:59:58	13:59:58	14:07:51	19:25:26
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Staff ID\Staff Name	Activity	Rank	Position	Role
1467 DUBOVSKY, BRIAN R	Incident Respons	Firefighter		
175726 SEARIAC, STEPHEN M	Incident Respons	Firefighter		
547 BOYLAN, CHAD T	Incident Respons	Lieutenant		

Unit Narrative

Upon arrival T1 positioned behind E7 near the B-C Corner of the 1700 building, and set up the truck for aerial operations. T1 worked with L3 to deploy ground ladders, ventilate the roof and assist with venting adjacent units to remove CO and HCN.

02/18/2019 16:06:45 Chad Boylan

FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		Responding Personnel
17100		MA		2 13		2019		7		19-0001412 000		
Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts				
175117 DUTCHER, MICHAEL D	C3	INC Incident		AC		5.42	0.00	0.00				
181850 SCHULTZ, JOHN X	C4	INC Incident		DC6		4.76	0.00	0.00				
175069 MARTINS, ALBERTO	E1	INC Incident		FF1-06		3.19	0.00	0.00				
190037 TORRES, FELIX	E1	INC Incident		FF3C-0		3.19	0.00	0.00				
2068 FRANCO, RAFAEL L	E1	INC Incident		FF1-04		3.19	0.00	0.00				
2552 MANCINI, ALAN J	E1	INC Incident		PR		3.19	0.00	0.00				
1059 GIARDINA, LINDSAY	E2	INC Incident		FF1-05		1.87	0.00	0.00				
125530 DEGIACOMO, JOHN A	E2	INC Incident		FF2C-0		1.87	0.00	0.00				
175496 KIRLEY, PATRICK W	E2	INC Incident		FF1-05		1.87	0.00	0.00				
1878 PEREIRA, CORY D	E2	INC Incident		FF1-04		1.87	0.00	0.00				
1157 MCDONALD, TIMOTHY J	E3	INC Incident		PR		3.01	0.00	0.00				
1353 WILLIAMS, DWAIN B	E3	INC Incident		FF1-04		3.01	0.00	0.00				
688 MADDEN, JAMES C	E3	INC Incident		FF1-04		3.01	0.00	0.00				
957729 MARSTON, JOHN C	E3	INC Incident		FF2C-0		3.01	0.00	0.00				
1606 ROKES, EDWARD O	E5	INC Incident		FF2A-0		3.01	0.00	0.00				
1875 CASHMAN, KEITH	E5	INC Incident		FF1-04		3.01	0.00	0.00				
2066 MEDINA, OTHONIEL	E5	INC Incident		FF1-04		3.01	0.00	0.00				
2877 CUPERTINO, EDGAR	E5	INC Incident		PR		3.01	0.00	0.00				
142968 HARDING, PAUL E	E7	INC Incident		FF1-06		3.24	0.00	0.00				
175723 YOUNG, SCOTT R	E7	INC Incident		FF1-05		3.24	0.00	0.00				
184236 SMITH, BRADFORD S	E7	INC Incident		FF3C-0		3.24	0.00	0.00				
282 NEIBERGER, JOSEPH	E7	INC Incident		FF1-05		3.24	0.00	0.00				
1079 BIANCHI, MICHAEL A	L3	INC Incident		FF1-04		2.97	0.00	0.00				
124995 DAVIES, WESLEY B	L3	INC Incident		FF2C-0		2.97	0.00	0.00				
175033 DOMINGUEZ, ALBERT	L3	INC Incident		FF1-06		2.97	0.00	0.00				
1876 LIMA, THEODORE K	R1	INC Incident		FF1-04		3.48	0.00	0.00				
241 AHEARN, JOSEPH A	R1	INC Incident		FF2C-0		3.48	0.00	0.00				
882 BURNES, MICHAEL D	R1	INC Incident		FF1-04		3.48	0.00	0.00				
1467 DUBOVSKY, BRIAN R	T1	INC Incident		FF1-05		5.42	0.00	0.00				
175726 SEARIAC, STEPHEN M	T1	INC Incident		FF1-05		5.42	0.00	0.00				
547 BOYLAN, CHAD T	T1	INC Incident		FF2C-0		5.42	0.00	0.00				

Total Participants: 31

Total Personnel Hours: 103.07

An 'X' next to the unit denotes driver.

A FDID * 17100 State * MA Incident Date * 2/13/2019 Station 7 Incident Number * 19-0001412 Exposure * 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 11 Arson																												
B Agency Referred To <input type="checkbox"/> None																																
Street Address		Their Case Number																														
Agency Name		City		Their ORI																												
Agency Phone Number		State	Zip Code	Their Federal Identifier (FID)																												
		Their FDID																														
C Case Status			D Availability of Material First Ignited																													
1 <input type="checkbox"/> Investigation open 2 <input checked="" type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive			4 <input type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance 1 <input type="checkbox"/> Transport to scene 2 <input type="checkbox"/> Available at scene U <input checked="" type="checkbox"/> Unknown																													
E Suspected Motivation Factors Check up to three factors																																
<table style="width:100%; border:none;"> <tr> <td>11 <input type="checkbox"/> Extortion</td> <td>22 <input type="checkbox"/> Hate crime</td> <td>42 <input type="checkbox"/> Vanity/recognition</td> <td>54 <input type="checkbox"/> Burglary</td> </tr> <tr> <td>12 <input type="checkbox"/> Labor unrest</td> <td>23 <input type="checkbox"/> Institutional</td> <td>43 <input type="checkbox"/> Thrills</td> <td>61 <input type="checkbox"/> Homicide concealment</td> </tr> <tr> <td>13 <input type="checkbox"/> Insurance fraud</td> <td>24 <input type="checkbox"/> Societal</td> <td>44 <input type="checkbox"/> Attention/sympathy</td> <td>62 <input type="checkbox"/> Burglary concealment</td> </tr> <tr> <td>14 <input type="checkbox"/> Intimidation</td> <td>31 <input type="checkbox"/> Protest</td> <td>45 <input type="checkbox"/> Sexual excitement</td> <td>63 <input type="checkbox"/> Auto theft concealment</td> </tr> <tr> <td>15 <input type="checkbox"/> Void contract/lease</td> <td>32 <input type="checkbox"/> Civil unrest</td> <td>51 <input type="checkbox"/> Homicide</td> <td>64 <input type="checkbox"/> Destroy records/evidence</td> </tr> <tr> <td>21 <input type="checkbox"/> Personal</td> <td>41 <input type="checkbox"/> Fireplay/curiosity</td> <td>52 <input type="checkbox"/> Suicide</td> <td>00 <input type="checkbox"/> Other motivation</td> </tr> <tr> <td></td> <td></td> <td>53 <input type="checkbox"/> Domestic violence</td> <td>UU <input type="checkbox"/> Unknown motivation</td> </tr> </table>					11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary	12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment	13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment	14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment	15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence	21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation			53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation
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13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment																													
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21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation																													
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation																													
F Apparent Group Involvement Check up to three factors		H Incendiary Devices Select one from each category																														
1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group N <input type="checkbox"/> No Group involvement, acted alone U <input type="checkbox"/> Unknown		CONTAINER NN <input checked="" type="checkbox"/> None 11 <input type="checkbox"/> Bottle (Glass) 14 <input type="checkbox"/> Pressurized Container 17 <input type="checkbox"/> Box 12 <input type="checkbox"/> Bottle (Plastic) 15 <input type="checkbox"/> Can 00 <input type="checkbox"/> Other Container 13 <input type="checkbox"/> Jug 16 <input type="checkbox"/> Gasoline or fuel can UU <input type="checkbox"/> Unknown																														
G1 Entry Method UU <input type="checkbox"/> Unknown Entry Method		IGNITION/DELAY DEVICE NN <input checked="" type="checkbox"/> None 11 <input type="checkbox"/> Wick or Fuse 17 <input type="checkbox"/> Road flare/fuse 12 <input type="checkbox"/> Candle 18 <input type="checkbox"/> Chemical Component 13 <input type="checkbox"/> Cigarette & Matchbook 19 <input type="checkbox"/> Trailer/Streamer 14 <input type="checkbox"/> Electronic Component 20 <input type="checkbox"/> Open flame source 15 <input type="checkbox"/> Mechanical Device 00 <input type="checkbox"/> Other delay device 16 <input type="checkbox"/> Remote Control UU <input type="checkbox"/> Unknown																														
		FUEL NN <input checked="" type="checkbox"/> None 11 <input type="checkbox"/> Ordinary Combustibles 16 <input type="checkbox"/> Pyrotechnic material 12 <input type="checkbox"/> Flammable gas 17 <input type="checkbox"/> Explosive material 14 <input type="checkbox"/> Ignitable liquid 00 <input type="checkbox"/> Other material 15 <input type="checkbox"/> Ignitable solid UU <input type="checkbox"/> Unknown																														
G2 Extent of Fire Involvement on Arrival 3 <input type="checkbox"/> Flame and smoke showing Extent of Fire Involvement																																
I Other Investigative Information Check all that apply		J Property Ownership		K Initial Observations Check all that apply																												
1 <input type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending		1 <input type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other		1 <input type="checkbox"/> Windows ajar 5 <input type="checkbox"/> Fire department forced entry 2 <input type="checkbox"/> Doors ajar 6 <input type="checkbox"/> Forced entry prior to FD arrival 3 <input type="checkbox"/> Doors locked 7 <input type="checkbox"/> Security system activated 4 <input type="checkbox"/> Doors unlocked 8 <input type="checkbox"/> Security present, (didn't activate)																												
		L Laboratory Used Check all that apply																														
		1 <input type="checkbox"/> Local 3 <input type="checkbox"/> ATF 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Private 2 <input type="checkbox"/> State 4 <input type="checkbox"/> FBI Federal N <input type="checkbox"/> None																														

NFIRS-11 Revision 11/17/98

FDID	17100	State	MA	Incident	2	Date	13	YYYY	2019	Station	7	Incident Number	19-0001412	Exposure	0	Arson Narrative
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Arson Narrative:

ALARM NOTIFICATION-

The investigation team was notified via fire radio communications of a structure fire. Multiple callers into 911 were reporting a shed up against the back of the building on fire.

WEATHER WHEN FIRE REPORTED-

Approximately 40 degrees Fahrenheit; Cloudy/Light rain; 15mph West winds, gusting to 22mph; no lightening activity reported.

PROPERTY DESCRIPTION-

The building is a residential condominium with 12 two-story units. The construction of the building is Type III with noncombustible exterior walls, noncombustible separations between units on the first and second floor, and combustible interior framing and A-frame roof. There is no fire sprinkler system in the building. Smoke alarms are arranged to alert only the unit they are installed in.

The main entrances to the condominium units are on the West side facing the parking lot (A Side). All of the B Side and approximately one-half of the A Side on the North, faced parking lots. The remaining A Side, and the entire C and D Sides, faced other buildings and/or the property line. On the C Side, each condominium unit had an exterior sliding glass doorway on the first floor that opened to a fenced-in exterior patio area. Between each of the patio areas was a exterior shed built of combustible construction and appeared to be separated in half internally for one owner on one half and one owner on the other half.

INVESTIGATION:

FP1 Gildea, FP4 Ruiz, FP5 R. Lopez, DAF Haagensen arrived on scene while there was active fire and smoke, and began canvassing the scene for witness interviews. The investigation team initially interviewed the female resident of Unit 1708, the three female residents of Unit 1711, the on-site employee for the property management company, the first arriving fire company officer, the first arriving police officer, and a few neighbors.

Sherry Wilgoren (adult female, [REDACTED]) stated she was the resident of Unit 1708. She stated that she had been sleeping when she woke up to a policeman knocking on the door. She stated there was smoke in her unit, but that the smoke alarms had not activated. She stated she had not experienced any recent electrical problems in the Unit.

Debbie Izen (adult female, [REDACTED]) stated she was the mother of [REDACTED] and [REDACTED] (female children), and that the three resided in Unit 1711. [REDACTED] and [REDACTED] stated they were home alone in the upstairs bathroom when they began smelling smoke and saw smoke out the rear window (C Side). They stated they left the bathroom and went into their 2nd floor bedroom to look out the rear window (C Side). They stated that when they looked out the window, they could see flames and smoke in the area of the shed behind units 1710 and 1709. They stated that one called 911 to report the fire while the other called the mother.

Lieutenant Blaise Tersoni (Framingham Police Dept.) indicated he was working a case in the area and saw smoke. When he drove into the complex, he saw fire and smoke in the area of the shed behind the 1700 building from the parking lot and alerted Dispatch via radio.

Captain Brad Smith (Framingham Fire Dept.) stated he was in command of Engine 7 and this was the first fire company on scene. He stated that, on arrival, from the parking lot he saw fire and smoke at the shed area behind the building, and that the flames had extended up to

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the roof eaves.

A 360-degree exterior observation of the building was conducted from ground level. Smoke damage was observed at the roof eaves and side roof vent on the Southern portion of the building. Heat damage was observed to the plastic fences surrounding the exterior patios behind both Unit 1709 and Unit 1710, with significantly more damage to the fencing around the Unit 1710 patio. Fire damage was observed on the exterior shed behind Units 1709 and 1710, to the roof above Units 1709, 1710 and 1711, to the C Side exterior of Units 1709 and 1710, and to the first and second floor interior of Unit 1710. Portions of the shed behind Units 1709 and 1710, as well as portions of the roof above Units 1709, 1710, and 1711, had burned away. An exterior observation noted was that the first floor exterior wood trim around the C Side patio glass sliding doors of Unit 1709, next to the shed, appeared undamaged. This same wood trim on Unit 1710, an equidistant away from the shed, was heavily fire damaged. Additionally, there was a noticeable fire damage V pattern on the B and D Sides of the shed behind Units 1709 and 1710, with the base of the V near the exterior C Side of the main building. It was also noted that all initial witnesses of the fire reported that they were observing the scene from the B Side parking lot area and B Side back patio area.

Derek Skapars (adult male, [REDACTED]) and Hilary Hawn (adult female, [REDACTED]) stated they resided in Unit 1710. Hilary stated she had left for work in Natick around 6:30am and had not been home since. Derek stated that he had returned home late the night before due to the snowstorm, around 2am, and that he had slept late to recover. He stated he woke around 10:30am due to a request by the property management to move both their cars for parking lot snow removal efforts. He stated he was in the home for the morning, eventually showered, and left around 1:30pm to have lunch in Natick with Hilary. He stated that there was nothing unusual observed in the home that morning, including inside the shed, and that there was no smoke or fire conditions when he left for lunch. He stated he received a phone call from property management around 2pm indicating that there was a fire in his unit, and immediately returned home. Both stated they did not smoke, but Derek stated he vaped. They stated that they had not had any recent electrical issues. Derek stated he was a high-school wood shop teacher and that he had not been working on any projects at home recently.

Sargent Spahl of the State Police Fire and Explosion Investigation Unit was on scene with an accelerant detecting canine.

Interior observations were conducted from areas of least damage working toward areas of most damage. Based on exterior observations, the first and second floor interior of Unit 1711 were observed first, then Unit 1709, then Unit 1710. No significant fire or smoke damage was observed in Unit 1711, or on the first floor of Unit 1709. The second floor ceiling/roof area of Unit 1709 had significant fire damage and portions had burned away toward the C Side. Significant fire damage was observed throughout both floors of Unit 1710 and the C Side portion roof had burned away. On the second floor of Unit 1710, the extent of fire damage appeared to be consistent from one side to the other (B Side to D Side), with a lower extent of damage on the A Side and becoming more severe toward the C Side. On the first floor, fire damage was to a lower extent from the A-B, A-D and C-D Corners and becoming more severe toward the B-C Corner. On the C Side portion of the D Side wall, in the first floor Living Room area, the gypsum board was still mostly attached to the wall. On the B Side wall of this room, the wood strapping for the gypsum board was exposed and was significantly fire damaged or burned away. All Unit 1710 circuit breakers appeared to be tripped.

ORIGIN & CAUSE DISCUSSION-

Based on the evidence, the investigation team concluded that the Area of Origin was along the B Side wall in the Living Room, C Side portion of the first floor, inside Unit 1710.

In the Area of Origin there were fire damaged remnants of a television and other electronics. Along the wall in the Area of Origin were two electrical outlets fed by the same aluminum wired circuit. This circuit also fed the exterior outlet on the C Side adjacent to the exterior shed between Units 1709 and 1710. The aluminum wiring going to the inside outlet on the C Side portion of the Area of Origin had beading on the lower portion wires where the circuit had separated. The aluminum wiring going to the outlet on the A Side of this wall separated at approximately the same height but had no beading. The C Side inside outlet box had more fire damage than the A Side outlet. The interior wiring to the exterior outlet appeared intact. There were no smoking material remnants found in the Area of Origin. The State Police canine did not alert to any accelerants in the Area of Origin.

Based on the evidence, the investigation team concluded that there are two possible Cause hypotheses. Under the first hypothesis, a failure of one of the electronic devices in the Area of Origin generated sufficient heat to ignite combustibles. Under the second hypothesis, a failure of the electrical circuit generated sufficient heat to ignite combustibles. Both hypotheses are classified as Accidental (NFPA 921), and therefore that is the Classification concluded for this incident. Based on the Accidental Classification, the investigation team terminated the scene investigation to maintain its integrity for any further insurance/owner investigation. The team had insufficient evidence to validate only one Cause hypothesis.

ORIGIN & CAUSE SUMMARY-

Area of Origin: Along the B Side wall in the Living Room, C Side portion of the first floor, inside Unit 1710.

Cause: Undetermined

Classification: Accidental

Report by: DAF Dana Haagensen

Reviewed by: Assitant Chief Michael Dutcher

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K1 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Business name if applicable Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

[] **Derek** [] **Skarpars** []
 Mr., Ms., Mrs. First Name MI Last Name Suffix

[1710] [] **WINDSOR** [DR] []
 Number Prefix Street or highway Street Type Suffix

[] [] **FRAMINGHAM**
 Post office box Apt./Suite/Room City

[MA] [01701] - []
 State Zip Code

K2 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Business name if applicable Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

[] **Geraldine** [] **Hawn** []
 Mr., Ms., Mrs. First Name MI Last Name Suffix

[] [] [] [] []
 Number Prefix Street or highway Street Type Suffix

[] [] []
 Post office box Apt./Suite/Room City

[] [] - []
 State Zip Code

K3 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Business name if applicable Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

[] **Vinod** [] **Agarwal** []
 Mr., Ms., Mrs. First Name MI Last Name Suffix

[1709] [] **Windsor** [DR] []
 Number Prefix Street or highway Street Type Suffix

[] [] **FRAMINGHAM**
 Post office box Apt./Suite/Room City

[MA] [01701] - []
 State Zip Code

K4 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Business name if applicable Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

[] **Debbie** [] **Izen** []
 Mr., Ms., Mrs. First Name MI Last Name Suffix

[1711] [] **Windsor** [DR] []
 Number Prefix Street or highway Street Type Suffix

[] [] **FRAMINGHAM**
 Post office box Apt./Suite/Room City

[MA] [01701] - []
 State Zip Code

K5 Person/Entity Involved [Redacted] - [Redacted] - [Redacted]

Business name if applicable Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

[] [Redacted] [] **Izen** []
 Mr., Ms., Mrs. First Name MI Last Name Suffix

[1711] [] **Windsor** [DR] []
 Number Prefix Street or highway Street Type Suffix

[] [] **FRAMINGHAM**
 Post office box Apt./Suite/Room City

[MA] [01701] - []
 State Zip Code

NFIRS-11 Revision 6/9/98

A FDID **17100** * State **MA** * Incident Date **MM DD YYYY** **2 13 2019** Station **7** Incident Number **19-0001412** * Exposure **000** * ☐ Delete ☐ Change **NFIRS - 1S Supplemental**

K1 Person/Entity Involved

Business name if applicable _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name **Izen** Suffix _____
 Number **1711** Prefix _____ Street or highway **Windsor** Street Type **DR** Suffix _____
 Post office box _____ Apt./Suite/Room _____ City **FRAMINGHAM**
 State **MA** Zip Code **01701** - _____

K2 Person/Entity Involved

Business name if applicable _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name **Wilgoren** Suffix _____
 Number **1708** Prefix _____ Street or highway **Windsor** Street Type **DR** Suffix _____
 Post office box _____ Apt./Suite/Room _____ City **FRAMINGHAM**
 State **MA** Zip Code **01701** - _____

K3 Person/Entity Involved

Business name if applicable _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name **Deeney** Suffix _____
 Number **104-A** Prefix _____ Street or highway **Windsor** Street Type **DR** Suffix _____
 Post office box _____ Apt./Suite/Room **A** City **FRAMINGHAM**
 State **MA** Zip Code **01701** - _____

K4 Person/Entity Involved

Business name if applicable _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name **Savarirayan** Suffix _____
 Number **31** Prefix _____ Street or highway **Snake Brook** Street Type **RD** Suffix _____
 Post office box _____ Apt./Suite/Room _____ City **Wayland**
 State **MA** Zip Code **01778** - _____

K5 Person/Entity Involved

Business name if applicable _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____
 Number _____ Prefix _____ Street or highway _____ Street Type _____ Suffix _____
 Post office box _____ Apt./Suite/Room _____ City _____
 State _____ Zip Code _____ - _____

NFIRS-11 Revision 6/9/98

17100	MA	MM 2	DD 13	YYYY 2019	7	19-0001412	000	NFIRS - Involvement User Fields
FDID	State	Incident Date		Station	Incident Number		Exposure	

Involvement

Name:

Hawn, Hilary

Involvement

Type:

Other

Owner:

Occupant:

Involvement

Name:

Skarpars, Derek

Involvement

Type:

Occupant

Owner:

Occupant:

X

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FDID	State	Incident	Date		Station	Incident Number	Exposure	

Involvement

Name:

Hawn, Richard

Involvement

Type:

Property Owner

Owner:

Occupant:

X

Involvement

Name:

Hawn, Geraldine

Involvement

Type:

Property Owner

Owner:

Occupant:

X

FDID	State	Incident Date	Station	Incident Number	Exposure	NFIRS - Involvement User Fields
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Involvement

Name:
Agarwal, Vinod

Involvement

Type:
Property Owner

Owner: Occupant:
X

Involvement

Name:
Izen, Debbie

Involvement

Type:
Other

Owner: Occupant:

FDID	17100	State	MA	Incident Date	MM	DD	YYYY	2	13	2019	Station	7	Incident Number	19-0001412	Exposure	000	NFIRS - Involvement User Fields
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Involvement

Name:

Izen, [REDACTED]

Involvement

Type:

Occupant

Owner:

Occupant:

X

Involvement

Name:

Izen, [REDACTED]

Involvement

Type:

Occupant

Owner:

Occupant:

X

FDID	State	Incident Date	Station	Incident Number	Exposure	NFIRS - Involvement User Fields
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Involvement

Name:

Wilgoren, Sherry

Involvement

Type:

Occupant

Owner:

Occupant:

X

Involvement

Name:

Deeney, Joseph

Involvement

Type:

Manager

Owner:

Occupant:

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FDID	State	Incident Date		Station	Incident Number	Exposure		

Involvement

Name:

Savarirayan, Prakash

Involvement

Type:

Manager

Owner:

Occupant:

X